

# COMPLAINT FORM

DATE: \_\_\_\_\_

NAME OF PERSON MAKING COMPLAINT: \_\_\_\_\_

ADDRESS OF PERSON MAKING COMPLAINT: \_\_\_\_\_

PHONE # OF PERSON MAKING COMPLAINT: (WK #) \_\_\_\_\_ (HOME #) \_\_\_\_\_

LOCATION OF COMPLAINT: \_\_\_\_\_

TYPE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PERSON TAKING COMPLAINT: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

USE ADDRESS ONLY ☐

USE LOCATION, ADDRESS OR LEGAL DESCRIPTION ☐

USE LEGAL ONLY ☐

(OFFICE USE)

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ ADDITION: \_\_\_\_\_

SURVEY: \_\_\_\_\_ ABSTRACT: \_\_\_\_\_ TRACT: \_\_\_\_\_

OCCUPIED HOUSE: ☐

VACANT LOT: ☐

VACANT HOUSE: ☐

VACANT FIELD: ☐

## PROPERTY OWNER

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAIL COMPLETED FORM TO:

CITY OF GRAPEVINE, CODE ENFORCEMENT, P O BOX 95104, GRAPEVINE, TEXAS 76099

CALL 817-410-3159 OR 817-410-3124 - FAX 817-410-3012